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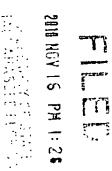
| (Requestor's Name) |
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| ☐ PICK-UP ☐ WAIT ☐ MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | gistration Sec vision of Corp | | | | | |
|----------------------------------|----------------------------------|---|---|--|--------|-------|
| | | ZEBETH THE LOOK,THE I | LIFESTYLE, THE LUXURY | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | |
| The enclose | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retur | n all correspoi | ndence concerning this matter | to the following: | | | |
| | | Oluwatosin Adegbola | | | | |
| | | TOSIN ELIZEBETH THE L | Name of Person OOK,THE LIFESTYLE, THE LUXURY | | | |
| Firm/Company 1603 Prowmore drive | | | | | | |
| Address Brandon/ Florida 33511 | | | | | | |
| | | Tosstyles@gmail.com | City/State and Zip Code | | | |
| | | E-mail address: (| to be used for future annual report notificat | ion) 5 | 281 | Ø1754 |
| For further i | information co | ncerning this matter, please ca | all: | ·· 5 | NOV | - 1 |
| Oluwatosir | n Adegbola | | 813 9512368 at () | | - on | |
| | Name of | | Area Code Daytime Te | lephone Number | PH 1:2 | |
| | | e following amount: | | | 3. | |
| \$25.00 | Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is encl | | |

MAILING ADDRESS:

 $TO \cdot$

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOSIN ELIZEBETH THE LOOK, THE LIFESTYLE, THE LUXURY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| 1 | ,,, | | | |
|---|------------------------------|------------------------------------|--|--|
| The Articles of Organization for this Limited Liability Company we | and assigned | | | |
| Florida document number L18000256705 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | | | |
| TOSIN ELIZEBETH AFRO & EUROPEAN HAIR SALON THE LO | OK, LIFESTYLE & LUXU | RY LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "L | LC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| _ | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 200 | | |
| Training data cost 1971 BE 717 OST OTTICE BOXY | | 20 3 11 | | |
| - | | 11.1 2 · ⊤ 1 10 · 4 → promis | | |
| B. If amending the registered agent and/or registered offic | e address on our reco | ິດ•ີ ອາ ໄ | | |
| registered agent and/or the new registered office address here: | t address on our recor | | | |
| | | - 1446 - 1 | | |
| Name of New Registered Agent: | | Çin 🌺 | | |
| N. B IOM. All | | | | |
| New Registered Office Address: | Enter Florida street add | ress | | |
| | | | | |
| | Citv | Florida | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe | | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|---|----------------|
| MGR | Oluwatosin Adegbola | 1603 Prowmore drive, Brandon, FL 33511 | ⊟ Add |
| | | | □ Remove |
| | | | Change |
| MGR | ADEGBOLA, ABIODUN | | |
| | | 1603 Prowmore drive, Brandon, FL 33511 | Remove |
| | ADEGBOLA, OLUWATOMI N | | Change |
| MGR | | | Add |
| | | 1603 Prowmore drive, Brandon, FL 33511 | ■ Remove |
| | | | ☐ Chang C |
| | | | OrAdd SV |
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| (If an effective Note: 1 | rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lent's effective date on the Department of State's records. | to 605. be liste | 0207 (3)(d as the | (b) |
| If the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed. | earlie | er of: | |
| Dated _ | 11/10 2018 | | | |
| _ | Signature of a member or authorized representative of a member | | | |
| | Oluwatosin Adeubola | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00